

1 a wonderful lady, another thing that -- so if
2 you looked at all the great things that could
3 come together at the same time, that's actually
4 what saved him from what I think could've been a
5 bad spiral of depression.

6 That being said, my reflection on the
7 VA, as Carolyn knows, and maybe Rich even, when
8 I saw him in early days, and a few others that
9 have heard this is, I was taking veterans, on a
10 whim, when I was still working, I would go out
11 and see my in-laws, in Apache Junction, Arizona.

12 And my World War II Navy
13 father-in-law, once a month, would drive
14 veterans to the Phoenix VA, and that's an hour
15 drive. So he asked me if I would like to go, so
16 I drove my car out to where we were staying at a
17 sales meeting out to Apache Junction.

18 Drove in with the three gentlemen
19 that he took in. They're all World War II vets,
20 and they loved it. They loved the experience,
21 they loved their doctors, they loved their care.
22 And that was well-over, I'm going to say, 20

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1 years ago.

2 And so when 2014 hit, I was actually
3 in Arizona getting ready to retire and find a
4 place to escape the Wisconsin cold winters, and
5 it was the middle of summer, and it was hot, I
6 remember how bad it was.

7 And the National News Exposure came
8 out with what happened at the Phoenix VA, and I
9 just said I can't believe that is true. That
10 was my first thought.

11 And then a year later, not paying
12 attention, again, getting ready to retire, 78
13 miles south of us, Tomah, Wisconsin and Jason
14 Simcakoski.

15 And so all within a year, a wake-up
16 call to me finally went off saying what is going
17 on with the VA, and, of course, I was not really
18 paying attention except for my sons -- one son
19 who had the issues.

20 But then to start reading more and
21 paying attention more, which must of us nasty
22 civilians have a hard time doing sometimes. I

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1 called myself a nasty civilian this morning. It
2 woke me up.

I don't think that any healthcare system has been under as much pressure with the incoming surge of veterans with problems that probably went undiagnosed with previous generations, or were called certain things like shell-shock and, hey, get on with it, and most of them did. But, again, we look back at those days, and my father said we just drank a lot.

1 And he, he meant that seriously.

2 He said the World War II vets drank a
3 lot to -- and so I, I look back at that now
4 thinking, you know, that was their medication.

5 So I say all of this because I take
6 this with a new driving force that we can do
7 something. I think the time is right because
8 everything is coming together within not just
9 the VA but DoD, and there's a new sense of
10 urgency to make sure that our veterans are
11 getting the care that they deserve.

Because we will have them back

1 whenever we can get them back, whenever we can
2 get them scheduled, but I just know all three of
3 them would be more than happy, at any time, to
4 open any door, answer any question, and
5 certainly I would like some sort of email
6 correspondence.

7 I think we have that capability, as
8 well, to be set up. So we're just trying to
9 feel our way out here, but does anybody have any
10 questions before they depart this morning?

11 Wayne and --

12 DR. JONAS: I do, yes. Thank you. I
13 appreciate it.

14 So you mentioned, Dr. Stone, that
15 there's going to be a mission committee or
16 Mission Act committee that follows this one, or
17 at least gets set up around the time this one
18 is.

19 What's the connection between this
20 and that? That you -- you said that's about
21 design issues and delivery issues in the VA, I
22 think, and can you talk about how this, the

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1 results of what we're going to do here, might
2 have an impact, or how we can make that better
3 serve or have value to that commission? Can you
4 talk a little bit about that connection?

5 DR. STONE: So the Mission Act
6 requires over the next 18 months that we examine
7 each of our market service areas. That includes
8 an examination of our own delivery systems, as
9 well as the DoD, other federal delivery systems,
10 as well as the commercial space around us.

22 As, as each of you have outlined in

1 your backgrounds, each of you had different
2 experiences in alternative ways to approach some
3 disease processes.

4 We currently are sitting on a
5 footprint that was built just after World War
6 II. You're practicing out of one of the most
7 beautiful spots that I could ever imagine in San
8 Francisco, but it's an old platform.

9 And our veterans that are up north of
10 there, across the bridges and across Oakland,
11 across the other bridges, the Golden Gate
12 Bridge, they can't afford to live nearby, and so
13 they travel a long ways.

14 But as we approach this, the
15 connection, I think, is for you to deliver a
16 real examination of what the evidence is behind
17 what we're doing today and what we might be
18 doing in the future, and where we can have trust
19 -- you're doing the hard work of really aligning
20 where there's some real evidence around
21 alternatives.

22 That will require a different

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1 footprint, and that is what that Commission is
2 going to be examining. So that's the connection
3 that I see.

4 And as I get -- before I agreed to
5 accept this job, I took a look at the Mission
6 Act, and I told the staff that I built an Excel
7 spreadsheet of everything that says the
8 Secretary shall. That, that's 18 pages long, my
9 requirements.

10 (Laughter.)

11 DR. STONE: This is one of the most
12 important sections of that, of what do we really
13 think about pain, about major psychiatric
14 illnesses and how should we approach it, do we
15 have it right or not, will substantially inform
16 our future.

17 Since I'm a believer in driving our
18 own future, instead of allowing other people to
19 do it, I consider the partnership to this
20 Commission absolutely essential in the next
21 year-and-a-half to where we're going to get to.
22 And I really appreciate the backgrounds that

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1 each of you bring to this. And I'll be looking
2 for -- we'll start looking for it.

3 (Laughter.)

4 DR. JONAS: Thank you much.

5 (Laughter.)

6 (Off-microphone comments.)

7 CHAIR LEINENKUGEL: Great question,
8 Wayne.

9 DR. JONAS: Are we going to have an
10 opportunity to sort of interchange then and hear
11 from HHS or CMS on this since, you know, those
12 obviously will be part of what you're going to
13 be doing in that area?

14 CHAIR LEINENKUGEL: When you, when we
15 get to tomorrow afternoon, Wayne, you're going
16 to have a whole lot of fun making all of those
17 recommendations.

18 DR. JONAS: Sure.

19 CHAIR LEINENKUGEL: And I think that
20 there have to be those connective points because
21 I can tell you there is so much that I don't
22 know that's already out there.

1 And I love to use the quote from, I
2 call him a little bit goofy at times, Ross
3 Perot, from 25, 30 years ago, but what he said
4 on national TV in one of his statements is so
5 true.

6 He said why are we always searching
7 for a new plan when I am thoroughly convinced, I
8 can't talk like him, I am thoroughly convinced
9 that all the good plans are sitting in someone's
10 desk drawer or in a vault in Washington, D.C.

11 All's we have to do is find them,
12 dust them off, and actually execute them. And,
13 and I think there's an element of truth to that.

14 So when you're looking at what is HHS
15 doing, what is DHS doing, what is DoD doing,
16 we're always finding out things, and we go,
17 what, why aren't we talking together more?

18 So yes, we're going to spend Day 2 on
19 what are the other connective points, who are
20 the other people that we need to see, what other
21 agencies are out there that have already done
22 something, and we'll talk at length about that.

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1 Thanks, Wayne. That was a great and
2 appropriate question at this time.

3 DR. JONAS: Certainly.

4 CHAIR LEINENKUGEL: You're not going
5 to get out as soon as you wanted, I can tell you
6 that right now.

7 MR. ROSE: Just real quick. And I
8 know it's, it's working in behavioral health,
9 but the role of peer support as we go forward,
10 your thoughts on that?

11 DR. CLANCY: I don't know how you
12 look at the future of what we are facing in
13 healthcare both in -- for veterans, but also for
14 the broader population that couldn't -- that
15 doesn't need to involve more care support.

16 Mapping that landscape and figuring
17 out what it is, because everything Wayne was
18 asking about and Dr. Stone was very -- providing
19 great insights on, the rest of the healthcare
20 system's changing a lot, too, in terms of
21 physical footprints, where it is that we provide
22 services and so forth.

1 I think we have medicalized a lot of
2 what has a great deal to do with veterans'
3 recovery, in our context, we're actually trying
4 to provide care that's about depression, rather
5 than about their treating the disease.

6 When they go hand-in-hand that's
7 wonderful, but I think that peer support for
8 older folks, potentially caregivers, personal
9 assistants, is a huge, huge part of that.

10 MR. ROSE: We have to, we have to
11 learn how to listen better.

12 DR. STONE: Let me just --

13 MR. ROSE: It's not a one-way --

14 DR. CLANCY: Yes.

15 DR. STONE: Let me add a, just a, a
16 little bit to that. We know that it's a year
17 after we transition from uniformed service,
18 suicide rates go up dramatically.

19 I don't think there's any doubt that
20 the loss of peer connections is fundamental to
21 that, and there's a tremendous amount of work
22 going on to try and smooth that transition and

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1 thus, reach into that period of a year or so for
2 transition.

3 The other thing that struck me, my
4 family does a lot of the hero flights of the
5 World War II comes in -- I believe the World War
6 II vet came home to a much different American
7 community than has today's veteran or even the
8 Vietnam veteran.

9 They came home to communities where
10 people lived in generational homes, where the
11 neighbors were generational, where there's a
12 deep connection within communities.

13 America is much different today, and
14 I am impressed with the isolation that that
15 private may have felt, but I think that peer
16 connections and, and connecting to communities
17 is absolutely essential if we're going to have a
18 fundamental effect on suicide and on, on
19 behavior-related issues.

20 And I think Carolyn references it
21 properly. We don't understand it well, people
22 are uncomfortable when talking about it, but the

1 VA presents something much more than clinically,
2 and that is a connection.

3 It is those veterans that were in the
4 car connecting. I was up at the Washington,
5 D.C. VA the other day, and the whole lobby was
6 filled with people interacting, just enjoying
7 the comradery.

8 That has real value, and that
9 approaches something that I would ask you to
10 spend some time thinking about and thinking
11 about where America=s veterans are now versus
12 where they were in World War II.

13 I know that when we get -- when I am
14 one-on-one with World War II veterans, it's not
15 hard to pull the scab off their common
16 experience and get tremendous emotion. And as
17 they were stabilized by those communities,
18 because the communities melt away with death and
19 loss of spouses or changes in where they live.

20 The de-stabilization of that elderly
21 veteran at the far end of their lives is
22 something that we must take control of. We had

1 a suicide in one of our institutions of an
2 85-year-old veteran in the, the chapel of one of
3 our institutions.

4 I would not presume to understand the
5 exact motivation of the veteran, but the elderly
6 veterans in this country must be acknowledged
7 for the unique needs that they have.

8 That's probably way more than you
9 wanted --

10 DR. STONE: I, I would add that
11 there's a whole spectrum of peer support, and we
12 do tend to I think sometimes to medicalize it
13 and think of the one-on-one programs we run
14 within the VA. And there's a lot of community
15 groups, religious groups, special interest
16 groups that offer new kinds of support, and I
17 think engaging with those and allowing those to
18 work with us when they want to can be valuable
19 for the veterans.

20 MR. ROSE: Yes, I think it, it can be
21 valuable. I know with the opioid problem we
22 have now, both in and out of the military, but

1 if you have people that are in recovery and they
2 can help somebody else in recovery, they don't
3 have to be old, they can be young, and they
4 have, they're going through it and they're --
5 it's, it's a huge resource.

6 DR. BEEMAN: Just one quick question.
7 One quick question. We can put out a report
8 that looks like this, and then it's so dense
9 people can't read it.

10 Or the other piece is and where I
11 would be looking for guidance from the group,
12 but from, from your offices, I think that
13 there's certain guiding principles, if you
14 would, and you talked about it when you talked
15 about the medicalization of the issue, talk
16 therapy and things like that are much more
17 expensive in the short-term, but in the
18 long-term, I think, more effective.

19 And one of the guiding principles in
20 my mind is if you can avoid medicalizing a
21 problem, that's a better start than if we're
22 going to -- because I look at medicine, medicine

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1 as a proxy for time.

2 You know, I go to my primary care
3 physician, I get that medicine. That's the
4 extra -- there's a, an exchange that happens.
5 That's not happening in mental health in the way
6 that we need it.

7 So, so what's happened is the primary
8 care physician, 70 or 80 percent of his or her
9 practice involves some sort of mental health
10 issue. They don't have any time. They have a
11 ten-minute or 15-minute exchange, so they have
12 to use medicine.

13 In my community the last the thing I
14 worked on before I went down to Philadelphia is
15 we built a 125-bed inpatient mental health
16 hospital because we realized, you know, we were
17 great on the acute care side, but we weren't
18 doing anything in mental health.

19 I think it would be helpful for us to
20 work together to understand the guiding
21 principles, so we're not just reinforcing the
22 medical model again and recognizing that we,

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1 there's an aperture here that, if we open it up,
2 there's a tremendous opportunity, not only to
3 guide the VA but the rest of the country. Make
4 sense?

5 DR. CLANCY: Yes.

6 CHAIR LEINENKUGEL: Dr. Stone, Dr.
7 Meyer, and Dr. -- Dean Clancy, thank you so
8 much, I know that you have to leave, but you'll
9 be hearing from us on an ongoing basis.

20 But more importantly on the VA side,
21 since you basically own this from the Commission
22 start-up, is are we meeting any obstacles,

1 hurdles, or resistance?

2 And I will tell you, I will go to you
3 and the Secretary first, before that is formally
4 put into written form and that can go on the
5 record, so that there's complete transparency if
6 we do have any obstacles or any concerns, prior
7 to a written notice, which is actually called
8 for under the Commission rules.

9 DR. STONE: Thank you.

10 CHAIR LEINENKUGEL: Is that fair?

11 DR. STONE: Thank you.

12 CHAIR LEINENKUGEL: Yes, thanks
13 again, for attending, again, Doctor.

14 DR. STONE: Thank you very much.

15 (Applause.)

16 CHAIR LEINENKUGEL: Okay, at this
17 time, I did not know what a DFO was about six
18 weeks ago. And I knew that I had the
19 opportunity to work through Jeff, who will be
20 introduced shortly.

21 And I always saw him around, and I
22 did not know what his office did until six weeks

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1 ago, and how important a Designated Federal
2 Officer is in the world of a commission. And I
3 was extremely fortunate to be put in touch with
4 Ms. Sheila Hickman, who has a great Air Force
5 career and VA career.

6 MS. HICKMAN: Army.

7 CHAIR LEINENKUGEL: Army, I'm sorry.

8 (Laughter.)

9 (Simultaneous speaking.)

10 CHAIR LEINENKUGEL: I don't know what
11 I -- I was just seeing if you were paying
12 attention --

13 (Laughter.)

14 (Simultaneous speaking.)

15 CHAIR LEINENKUGEL: But, Sheila,
16 thank you so much for accepting and putting this
17 team together. And, if you would, introduction
18 of yourself and then the rest of the support
19 team, so that we're all comfortable with my
20 earlier remarks that we're going to have a heck
21 of a lot of great support moving forward. So
22 Sheila Hickman.

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1 MS. HICKMAN: Sheila Hickman, and I
2 was born in the Army, San Francisco, Monterey
3 Bay, actually. Born in the Army, raised in the
4 Army, went into the Army, actually under an ROTC
5 scholarship, so it's pretty much the only life
6 I've ever known until a couple of years here at
7 VA.

18 I ended up back in Afghanistan and
19 Iraq again, and I was like, hmm, maybe I need to
20 change this, so I told my son and
21 daughter-in-law if they'd give me a grandchild
22 I'd move back this way.

1 (Laughter.)

2 (Simultaneous speaking.)

3 CHAIR LEINENKUGEL: That's great.

4 MS. HICKMAN: But I did serve 30
5 years, enjoyed every minute of that because I
6 think the military is one of those things that
7 you, you immerse yourself in and, and you get so
8 much from it if you do, if you do that.

22 But now I'm in VA, and there's so

1 many exciting things here, but VA is especially
2 important to me. And this is important to me
3 because I had a father who we pulled out of the
4 VA hospital because we thought the care was so
5 bad, and a brother who came back from Iran, who
6 needed some help and didn't get that help before
7 he took his life. So I -- I'm excited to be
8 part of this.

9 CHAIR LEINENKUGEL: Thank you.

10 MS. WHITEHEAD: Are you looking at
11 me? I guess it's my turn?

12 (Laughter.)

13 CHAIR LEINENKUGEL: I need to -- I
14 didn't know I was supposed to introduce you,
15 Alison, I thought she -- this was your --

16 (Simultaneous speaking.)

17 CHAIR LEINENKUGEL: She just points
18 to Alison.

19 (Laughter.)

20 CHAIR LEINENKUGEL: Alison Whitehead,
21 folks, is a person that I met through Tracy
22 Gaudet, who you'll hear from later, and talking

1 about whole health.

2 And I'm a complete convert and
3 believer in whole health because of Tracy and
4 then, eventually, Alison, who gave me a course
5 in -- I have anxiety, and she helped tamp me
6 down with combat battlefield acupuncture.

7 And then sitting in on a session that
8 I hope we can all enjoy together at some point,
9 either in Tampa or Orlando at one of our site
10 visits, would be very beneficial. But, Alison,
11 please.

12 MS. WHITEHEAD: Sure. So hi,
13 everyone, Alison Whitehead. My background is in
14 public health. I came into the VA in 2010 as a
15 Presidential Management Fellow with the
16 Personnel Services Office.

17 And during that time, I was -- it was
18 the first time I had moved to D.C., and I had
19 some colleagues working at the D.C. VA who were
20 telling me about how they were teaching yoga and
21 meditation to veterans.

22 And I just thought it was the most

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1 amazing thing, just hearing stories from the
2 veterans about how much that impacted their
3 life. So on the side, I also became trained as
4 a yoga instructor, and I can lead us through
5 some yoga or meditation one of these days.

6 And about five years into being with
7 Women's Health Services Office, this position
8 opened up with the Integrative Health
9 Coordinating Center within the Office of Patient
10 Centered Care and Cultural Transformation.

11 So even my supervisor at the time at
12 Women=s Health sent me the job description, just
13 saying this was written for you. So I came over
14 to work for Tracy Gaudet and her team. It's
15 been amazing. I'm the National Corporate
16 Manager for Integrative Health and also an
17 Alternate DFO.

1 this Commission.

2 MS. HICKMAN: Do you want me to take
3 it?

4 CHAIR LEINENKUGEL: Go ahead, it's
5 all yours.

6 MS. HICKMAN: All right, thank you,
7 Alison. Next we have Laura McMahon.

8 MS. McMAHON: Hi, I'm Laura McMahon.
9 I have been in the VA since I was 18, so 32
10 years. I first started going to the VA when I
11 was 15 with my father, who was a World War II
12 vet, and really got to see the peer-to-peer
13 relationship.

14 I would think I was taking him to an
15 appointment that he never had, just so he could
16 sit there and talk for hours. And I'd go to the
17 x-ray and I'm like, umm, and they're like,
18 sorry, he doesn't have an appointment. So --

19 (Laughter.)

20 MS. McMAHON: So I grew up in the VA.
21 I am just so excited about the change that's
22 happening in the VA. I mean, it's night and

1 day, really, if you've lived through it.

2 I now work for the Office of Patient
3 Centered Care and Cultural Transformation along
4 with Dr. Gaudet and Alison, and I am the COR who
5 manages the contract -- and also an alternate
6 DFO.

7 CHAIR LEINENKUGEL: Great.

8 MS. HICKMAN: Every one of you have
9 heard from Laura because she=s managed all the
10 travel pieces that go with that, so we=re
11 excited to have her, too, and Kristiann -- or
12 it=s Kris, Kris --

13 MS. DICKSON: Kristiann, but I go by
14 Kris.

15 (Simultaneous speaking.)

16 MS. DICKSON: Kris is good. And I
17 started working in the VA in 1987, '88, I've
18 been there as an audiologist. So I have a
19 graduate degree in audiology and did direct
20 patient care for 20 years in the VA. I worked
21 ten years in the private sector before I came to
22 the VA, so I didn't come in right out of school.

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1 And then in 2006, I was working in
2 Little Rock, and we really needed to work on our
3 GI clinic, you know, the GIs. So if anybody
4 knows anything about VAs and how they really
5 need to improve that GI lab is a, is a, you
6 know, it's a sore spot.

7 And, and so the Chief of Staff asked
8 me to work on it, and I realized that project
9 management is like candy. I love it. I just, I
10 just love it.

11 (Laughter.)

12 MS. McMAHON: And I've always been
13 really involved in quality as an audiologist. I
14 headed our department's quality management
15 efforts, and so I've always been that kind of
16 mindset, and so I jumped on the chance to do
17 project management, which systems redesign, you
18 know, process improvement, that Six Sigma black
19 belt -- I just gravitated to this work, and I'm
20 also extremely passionate about veterans. So I
21 can, I can -- my heart just starts, starts going
22 like this.

1 What can we do for veterans to pay
2 them back for the sacrifices that every one is
3 willing to make for our country? And I'm a
4 patriotic person, and I really appreciate
5 veterans.

6 And I=ve always, the mental health
7 part of that has always been my, my really -- my
8 really key interest and in doing process
9 improvement, I=ve worked a lot with mental
10 health departments and mental health efforts.

11 And I just, I can almost feel my
12 blood just whoosh through my body when I start
13 talking about it because I really -- it really
14 means a lot to me.

15 So I'm -- I'm very interested in
16 project, project management, but doing the right
17 thing for the veteran is what really drives my
18 spirit, and so I'm extremely honored and feel
19 privileged to have the opportunity to work with
20 you and support the Commission in any way that I
21 can. Just let me know if I can help out, and
22 I'll be right on the phone --

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1 CHAIR LEINENKUGEL: Oh, we will.

2 (Laughter.)

3 MS. McMAHON: Yes.

4 MS. HICKMAN: I know, I know it looks
5 like we have a lot of ADFOs, and I'm going to
6 introduce one more, and then one that's not
7 here, actually, but Stacey Pollack has just
8 joined us from Mental Health, and we're super
9 excited to have her on board.

10 But you're going to see the need for
11 all of these when we start going out in smaller
12 groups and having subcommittees and things. So,
13 Stacey Pollack.

14 DR. POLLACK: Hi. So I'm Stacey
15 Pollack. I'm a clinical psychologist by
16 training and work in the Office of Mental Health
17 and Suicide Prevention.

18 I've been in VA Central Office for
19 about eight years. Prior to that I worked at
20 the DC VA and actually ran the PTSD program
21 there for about ten years. So been in the VA
22 for a pretty long time.

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1 I trained in the VA, both as an
2 intern and as a post-doctoral fellow at the New
3 Orleans VA and at the Atlanta VA, and I am
4 really lucky to say I love my job. It is great
5 to come to work every day.

6 I love working with the veterans, but
7 I also really love working in mental health. So
8 I am one of the lucky few who says I don't mind
9 coming to work in the morning, that I actually
10 get excited about what I do.

11 My current role, I'm the National
12 Director of Program Policy Implementation, which
13 I always say means absolutely nothing in
14 English, no one knows what I do, but I have a
15 lot of special projects sort of in the area of
16 mental health.

17 I'm the liaison in our office to the
18 Office of Academic Affiliations, so I deal with
19 all mental health training programs throughout
20 the country.

21 I work very closely with the
22 veterans' benefits side of the house, dealing

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1 with all things related to Comp and Pen and both
2 rehab and where we sort of integrate with mental
3 health.

4 And my background, like, sure it is
5 in PTSD, so I have a lot of things that come
6 through the office related to PTSD, currently.
7 I'm also very involved with the Executive Order.
8 Was working with Kris previously on that, and
9 just I=m really excited to be here.

10 There are two other people, Sheila,
11 if that=s okay for me to say, in my office who
12 will also be Alternate DFOs, Kendra Weaver, who
13 is a virtual employee based in Johnson City,
14 Tennessee, who, unfortunately, is not able to be
15 here today, and also, while he's not concluded
16 the training yet, Dr. John Closic, who is based
17 in Texas, and he will also be joining us.

18 CHAIR LEINENKUGEL: Great.

19 MS. HICKMAN: And the last member of
20 the VA staff would be Luis.

21 MR. CARRILLO: Hi, my name is Luis
22 Carrillo, I'm a new program support assistant

1 for the Office of Patient Centered Care. I just
2 started working for OPCC about a
3 month-and-a-half ago, and I started working with
4 the VA over a year-and-a-half ago, so I'm pretty
5 fresh with the VA.

6 I did a couple of years of service
7 and -- in the Navy, and I'm assisting pretty
8 much the current mission. I'll be assisting
9 Laura, and I assist Alison, so I'll be
10 administering travel.

11 CHAIR LEINENKUGEL: Glad to have you,
12 Luis, thanks for being part of the group.

13 MR. CARRILLO: Thank you.

14 MS. HICKMAN: And then we have a
15 SIGMA staff that also supports us, and Fran
16 Murphy is actually the owner --

17 DR. MURPHY: President.

18 MS. HICKMAN: President and CEO --

19 DR. MURPHY: Actually, part-owner.

20 (Laughter.)

21 MS. HICKMAN: She's everything, just
22 so you know. And go ahead, we're going to

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1 introduce you a lot more during your speaking,
2 but I --

3 DR. MURPHY: I am just --

4 MS. HICKMAN: -- yes, please.

5 DR. MURPHY: So I am an Air Force
6 veteran and a neurologist. I'm a retired Air
7 Force physician. Some people said I couldn't
8 get a job. I've worked at DC Medical Center in
9 a regional and in a national role. I finished
10 my career as a Principal Deputy Under Secretary
11 for Health, but filled a lot of national policy
12 and program roles including post-deployment
13 health, occupational health.

14 And was honored to be on the, on
15 George Bush's President's Mental Health
16 Commission, and after that, Presidential
17 Commission, was asked by the Secretary to bring
18 back those recommendations and implement them
19 throughout the department to serve, as a mental
20 health transformation effort and I say without
21 reservation that the mental health providers put
22 all of their energy into that and really brought

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1 recovery-based programs into standard VA
2 practice, and it was very successful because of
3 the mental health commitment.

4 So I'm delighted to be here
5 supporting this effort and hope that this
6 Commission can have an equally significant
7 effect on mental health care in the VA.

8 CHAIR LEINENKUGEL: Thanks.

9 MS. HICKMAN: And Fran has four staff
10 members here that are currently supporting us,
11 with the capability to provide more support, and
12 first, Beth.

13 MS. ENGILES: Sure, Beth Engiles.
14 I'm a Program Manager with the SIGMA Team, kind
15 of overseeing the SIGMA group that's going to be
16 supporting you throughout this Commission.

17 I've been supporting the VA for about
18 ten years. In 2015/2016, supported the
19 Commission on Care. And some people think I'm
20 crazy for coming back for another commission,
21 but I'm ready to go. And prior to this,
22 supported the Office of Community Care and

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1 everything they're doing with the Mission Act,
2 so I'm fairly familiar with the outside care the
3 VA provides and the how VA links into that care.

4 And, yes, we'll be here to support
5 you day-to-day through Laura. And I'll hand it
6 over to Yessie --

7 MS. CASTILLO: Hi, good morning. So
8 my full name is Yessenia. It's a weird name
9 that starts with a Y. The Y is pronounced as a
10 J, you can thank my parents for that, it's a
11 cultural pronunciation. I go by Yessie, it's
12 much easier.

13 I'm a senior project analyst,
14 supporting the analytical services for the
15 Commission, primarily helping with the patients
16 that have been surveyed and the data analysis
17 duties of the legislation. Prior to joining
18 SIGMA and supporting this Commission, I worked
19 on another VA contract helping the post-
20 deployment health group, primarily doing studies
21 working with three other registries that capture
22 occupational and environmental hazards for

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1 service -- active duty members while they were
2 deployed, primarily with the Agent Orange, Gulf
3 War, and airborne hazards of the workplace.

4 I have an undergraduate degree from
5 Duke University in cognitive psychology, and a
6 master's of public health epidemiology, and just
7 really happy to be supporting the Commission,
8 and this work is, like everyone else, I'm just
9 really passionate about the work that I'm --
10 that we're doing. Thank you.

11 MS. HICKMAN: And, Shannon?

12 MS. BEATTIE: Good morning, my name
13 is Shannon Beattie. I'm another one of the
14 senior project analysts, and I'm also new to
15 SIGMA, been here for just shy of one month, and
16 prior to this I was working at the American
17 Psychological Association for seven years.

18 And working with the, the team that
19 was creating clinical practice guidelines, one
20 for treatment of PTSD in adults, one for major
21 depressive orders across the life span, and the
22 third, treatment of overweight and obesity in

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1 children and adolescents.

2 MS. HICKMAN: And Fernanda.

3 MS. CARRION: Hi. I'm a junior
4 program analyst, as well. I just recently
5 started with SIGMA as well, like two months ago.
6 Also, I'm kind of new to the VA.

7 I recently was part of the UN --
8 public policy implementation in disaster risk,
9 so now I'm actually -- implementation of
10 policies, so that=s kind of the -- programs and
11 projects.

12 CHAIR LEINENKUGEL: Okay.

13 DR. MURPHY: And that completes our
14 team.

15 CHAIR LEINENKUGEL: That's a very
16 good team and excellent support staff. Happy to
17 have everybody onboard. We're going to need
18 your help. I know -- is it Yessie? That's
19 better than how I was going to try to pronounce
20 it.

21 (Laughter.)

22 MS. CASTILLO: It's Yessie.

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1 CHAIR LEINENKUGEL: But you mentioned
2 surveys, so we'll be talking about that at
3 length at some point, the next day-and-a-half.
4 Also sitting behind Yessie and Fran, Drew
5 Trojanowski. I mentioned Drew's name before you
6 came in, Drew, and the relationship and
7 connections.

8 MR. TROJANOWSKI: In vain.

9 CHAIR LEINENKUGEL: Not in vain, no,
10 no. But, Drew, if you would, a couple of
11 minutes on the -- I want Drew to be connected,
12 an advisor to this group. He brings a wealth of
13 knowledge. He's worked for Senator McCain,
14 legislative director, staff director, he's a
15 veteran that just went and saw one his buddies
16 buried, and he's got a family. His wife is over
17 in Kuwait. She's coming back soon. So --

18 MR. TROJANOWSKI: August 4th.

19 CHAIR LEINENKUGEL: I'm pretty much
20 telling your story --

21 MR. TROJANOWSKI: You are.

22 CHAIR LEINENKUGEL: -- you don't even

1 have to get up. But, Drew, please.

2 MR. TROJANOWSKI: Thank you, Jake,
3 and thank you for allowing me to be part of
4 this. This is something that's very near and
5 dear to me, so my position right now is Domestic
6 Policy Council at the White House, purview is
7 VA.

8 And back in 2013 I came back from a
9 deployment. I was just a regular, regular guy -
10 - running and gunning, and had been blown up
11 relatively badly, to the point that I had fluid
12 coming out of my ears and had cognition
13 problems.

14 And so I went, it's the only place I
15 knew to go, was the VA, trying to get help. And
16 it didn't work out the way that I had wanted it
17 to, and so that began this journey for me to do
18 things on behalf of veterans, and I wound up
19 working for Senator McCain and the state, and we
20 developed a lot of programs, locally, a suicide
21 prevention strategy that is now the model for
22 national strategy and a handful of other

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1 components.

2 And then I moved to DC, and I was the
3 military legislative assistant, and by way of
4 Senator McCain, and him having created Choice
5 back in the day, and he tasked me with creating
6 a new version of that, so I wrote the
7 substantive text for what became Mission --
8 community care components of that, and we spent
9 a lovely 18 months trying to negotiate that,
10 once it was created.

11 And then there's going to be a
12 briefing that you'll get later from National
13 Academy. We wrote the text for that and what
14 the questions were that we've had National
15 Academy to ask really detailed questions and
16 hopefully the Commission can ask.

17 I oversee the EEO. But, you know, by
18 way of all these things, this has been something
19 that's very near and dear to me because of my
20 personal experience.

21 And so we have an opportunity, I
22 think, not only with this Commission, but, you

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1 know, from the White House national strategy,
2 from our point of view, we're getting ready to
3 launch a national strategy for suicide
4 prevention, right, and, and what is mental
5 health, and how can you start defining wellness?

6 We do an exceptional job of looking
7 at things right of crisis, what is the left of
8 crisis? We had a conversation earlier about
9 peer support. There's a lot of, a lot of
10 opportunity to speak to how can we reconfigure
11 this, and broader questions, we=re going to
12 bring in some of the Secretaries on both the VA
13 and DoD side, of what is the continuum of human
14 capital and how should we be looking at, you
15 know, a service member's life cycle?

16 To meet that challenge, as the way
17 that DoD currently looks at this model and is
18 the challenge that there's an imaginary
19 threshold --just drop it at the VA, and
20 everything's supposed to work out.

21 And on top of that, there's the
22 challenge where you can't reach 70 percent of

1 that population. So there's a lot to be done
2 here in terms of how do we think through
3 re-engineering, figuring out how to best serve
4 this population.

5 So I applaud Jake, I applaud the work
6 of all the Commissioners and all the subordinate
7 staff that=s going to think through, you know,
8 what's -- this is going to be the, the
9 conversation, and I stepped out, and I talked
10 with Carolyn Clancy and Dr. Stone was with
11 Mission, and a lot of these other -- we're going
12 to intersect a market area assessment where
13 we're going to re-engineer the way VA operates
14 itself. It's going to transform from a World War
15 II health care system into a 21st century health
16 care system.

17 Part of that, number one clinical
18 priority, stated clinical priority, is -- so we
19 have an opportunity to think through how are we
20 going to best address this and this Commission
21 will unequivocally have a big portion of that.

22 So again, I commend everyone=s effort

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1 and look forward to being helpful and providing
2 guidance, or anything that's needed, so that we
3 can get good work out of this.

4 CHAIR LEINENKUGEL: Thank you very
5 much, Drew, and so happy to have you on board.

6 MR. TROJANOWSKI: Thank you, Jake.

7 CHAIR LEINENKUGEL: There will be two
8 people tomorrow, they're both with the President
9 today in Kansas City, and I don't know how you
10 didn't get a seat there, Drew, but thanks for
11 being here today.

12 One is Casin Spiro. Casin, I think
13 the world of. He's a young veteran, and he's
14 doing great work within the VA right now, and he
15 will be coming on as an advisor, special advisor
16 to the group, formally, here shortly. We're
17 working on it. Right, Sheila?

18 And, also, the Acting Secretary Peter
19 O'Rourke, both a Navy and Air Force veteran that
20 will speak to the group tomorrow as well, so
21 you'll get to touch Peter, prior to incoming
22 Secretary Wilkie hopefully getting on our August

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1 docket.

2 So that's a little peek ahead as to
3 who the players are right now. And, of course,
4 we already mentioned that there's a couple of
5 gaps that we have on the Commission that are
6 being explored to fill as rapidly as possible.

7 So that being said, remember that 15
8 minutes that we were ahead? We are now 15
9 minutes behind. So we will make that up, and we
10 will have to stay longer, if need be, but I
11 think that we'll be able to talk and take care
12 of, at least, descriptively in the
13 half-hour-time-point, and I'll save 15 minutes
14 on that.

15 It's more important that we take a
16 break at this time, stretch out, do some phone
17 calls. If you can, let's see, the time is 10:10
18 a.m., let's be back at 10:25 a.m.

19 That will be the admin session, or
20 the first of very important admin sessions that
21 we all need to be well aware of, and Sheila will
22 conduct those with the team, and then we'll get

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1 on to some more business after lunch. Okay,
2 10:25 a.m. sound good?

3 (Whereupon, the above-entitled matter
4 went off the record at 10:11 a.m. and resumed at
5 10:26 a.m.)

6 CHAIR LEINENKUGEL: If you notice on
7 the schedule, from 10:00 till 10:30, we had the
8 orientation to the Commissioner's binder. I'm
9 going to save us all 30 minutes. These are the
10 Commissioner binders, okay. You all have
11 Commissioner binders. They're all tabbed. They
12 all have really well explanations for each area,
13 so I just gave 29 and a half minutes back to
14 Sheila and to the common good of the Commission
15 at this point.

16 DR. BEEMAN: It's a good Army binder.

17 (Laughter.)

18 CHAIR LEINENKUGEL: But we will have
19 ongoing fillers to these on an ongoing basis.
20 We're trying to set up electronics. Sheila will
21 talk about that, a comment board where we can
22 talk back and forth, which will -- Paper

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1 Reduction Act, right. We will talk about Paper
2 Reduction Act at some point when we talk about
3 surveys. And so also maybe Paper Reduction Act
4 for binders.

5 That being said, while we get our
6 rhythm established as a Commission, paper and
7 binders will be the norm for the first month,
8 two months, and then we'll have the boards and
9 electronics up and running, and I think that
10 we'll become very comfortable with that.
11 Sheila.

12 MS. HICKMAN: All right. So our next
13 speaker is Jeff Moragne.

14 MR. MORAGNE: It's French, Moragne.
15 It's not my fault.

16 (Laughter.)

17 MS. HICKMAN: I thought I was doing
18 it in French --

19 MR. MORAGNE: You did.

20 MS. HICKMAN: Jeff is the Director of
21 Advisory Committee Management Office, and he is
22 going to talk to us about the FACA rules and

1 regulations and all about what his office does
2 in protecting what we do. So, Jeff?

3 MR. MORAGNE: That=s a very nice
4 introduction and I want to repeat what one of
5 the previous speakers said, sounds like I=m
6 listening to my obituary.

7 (Laughter.)

8 MR. MORAGNE: I like that. No, I
9 don=t. Anyway, Jeff Moragne. I am the Director
10 of the Advisory Committee Management Office and
11 like previous speakers, it is a pleasure and
12 honor to be here. And like previous speakers,
13 this is personal. I=m a 27-year Air Force
14 veteran, Air Force Academy Company Blue man,
15 former -- recovering fighter pilot I would say.

16 And I=ve been with the VA for about
17 10 years. And in this particular job, I=ve done
18 it for about four years. When I started, we had
19 23 federal advisory committees. Now we have 28.
20 We grew to 30 and 2 got terminated, but I can=t
21 think of any federal advisory committee, and the
22 Commission falls under the Federal Guidance

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1 Committee Act, that has more importance than the
2 work that you are about to embark on, and I
3 really mean that from my heart.

4 I've seen far too many friends in the
5 Air Force and even in the Joint community when I
6 was in uniform that suffered from mental illness
7 because of their service. And I think the
8 recommendations that you will eventually settle
9 on, that will get enacted on, are really going
10 to pay dividends for folks that have put their
11 lives on the line for this great country of
12 ours.

13 So I thank you upfront for the hard
14 work, long hours, the separations from your
15 family and from your fortunes and from your
16 other passions that you may have, because this
17 18 months is going to make a difference. It
18 really is.

19 So my job here for the next 13
20 minutes is to actually set the left and right
21 boundaries for you. Why is that? Just like in
22 a studio play, if you don't walk the stage, you

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1 don=t know where the edges are, and if you fall
2 off, that=s the end of the show. If you fall
3 off and do something wrong, out of bounds, your
4 work will be sequestered. It will be stopped.
5 It will be sanctioned. You may have to go back
6 to go, not collect the \$200 and do it all over
7 again. And time is ticking, time is ticking.
8 Time is going to be your -- not your ally in
9 this endeavor.

10 I admire the chair=s aggressive
11 stance that we can do this in 12 months, so no,
12 we=ll fall back to 18, pedal to the metal.
13 Honestly, if you look at the scope of what is
14 being required of you or asked of you to do,
15 pedal to the metal.

16 So let me describe those left and
17 right boundaries. Let me take some time to talk
18 about FACA, VA policy, best practices, and tools
19 that you have available to you that your
20 committee support staff are all too well aware
21 of, but unless you kind of get them in your gray
22 matter and start utilizing it, it=ll make your

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1 job harder and not be smarter. We need to be
2 smarter and not work so hard, okay.

3 I=m here accompanied with my partner
4 in crime. I pay her well.

5 (Laughter.)

6 MR. MORAGNE: I don=t pay her at all,
7 but she=s from the Office of General Counsel
8 Ethics Law Group, she=ll be following my
9 presentation with an ethics briefing -- Carol
10 Borden. And we work hand-in-glove because it
11 kind of makes sense to talk about the boundaries
12 like that.

13 So let me begin with history. Prior
14 to 1972, the Federal Advisory Committee Act,
15 there were over 8,000 federal advisory
16 committees across the federal government, 8,000
17 federal advisory committees. With the stroke of
18 a pen, that went down to about 1,000. Why?
19 Because there was a lot of duplicity, a lot of
20 duplicated missions, a lot of good old boy-girl
21 handshake backroom non-transparent activities.
22 So the Federal Advisory Committee Act first and

1 foremost is about transparency, it is about
2 transparency. It is the American public, the
3 citizenry has paid well, vested well for you to
4 be transparent about the activities that you do
5 about gathering information, about the advice
6 and recommendations that eventually are going to
7 flow to the Cabinet-level secretary and in your
8 case, to the President, to the Congress. They
9 want you to be transparent. They want you to be
10 knowledgeable about role, that functionality
11 that you're being asked to do.

12 So 8,000 down to 1,000. Here we are
13 46 years later. We only have 1,033 federal
14 advisory committees. That=s pretty good.
15 That=s a pretty good hold the line type of law,
16 which is only eight pages long, of the ability
17 to establish an advisory committee or
18 commission, manage it, and then terminate it.
19 And that was a new wrinkle right there in >72,
20 you terminated 7,000 with the stroke of a pen.

21 So when does the Federal Advisory
22 Committee Act apply? It applies any time you

1 meet. Whether it=s one of you or all of you,
2 the Federal Advisory Committee Act is definitely
3 your guiding light out there. Why is that
4 important? Because your statute, which
5 authorized your creation, was operationalized in
6 your charter in accordance to the Federal
7 Advisory Committee Act.

8 So homework assignment number one,
9 Commissioners, Mr. Chair, read your charter. It
10 should take you, because of your level of
11 education, probably about three minutes to read
12 through and probably another 30 seconds to
13 understand. That=s how well the Federal
14 Advisory Committee Act is enacted. In 15
15 paragraphs, those 7 or 8 pages of statutory
16 language are operationalized for the common
17 person to understand, more important, for the
18 public to understand what you=re being charged
19 to do. Read your charter. That=s your first
20 piece of homework.

21 Along with your charter, you were
22 given a copy of a VA Committee Members Handbook.

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1 This is a very useful tool for you to understand
2 a lot of things, not only ethics boundaries that
3 you=re to stay within, which are all repeated
4 here in this 15-page handbook, but also the
5 other portfolio of health, research, affinity
6 group, and benefits advisory committees that VA
7 has in its portfolio. I=ll come back -- I=ll
8 loop back to that here shortly and tell you why
9 you want to do that. But those two are your
10 homework. That=s 15 minutes of homework and,
11 you know, that=s 15 minutes if your lips move
12 when you read like mind do, sorry. Most of you
13 don=t move your lips. I know we have a Marine
14 on the Commission but --

15 DR. KHAN: Are there crayons
16 available?

17 MR. MORAGNE: Yes, sir, multiple
18 colors, red, yellow, and blue. So please do
19 your homework. Now I=m joking but at the same
20 time, I=m being very serious.

21 It=s been said before, the Federal
22 Advisory Committee Act requires a designated

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1 federal officer or a trained alternate
2 designated federal officer who would be present
3 whenever you=re doing your job. So if you
4 devolve down into groups of two or even one to
5 go hither and yon to collect information, do
6 interviews, surveys, et cetera, et cetera, so
7 forth and so on, your wingman should be a DFO or
8 an alternate, period, dot. I say that because I
9 want to have multiple layers of understanding
10 and support. don=t start asking questions until
11 you see your DFO or alternate designee, all
12 right. They=re not there to grade your
13 homework. They=re there because the law
14 requires them to be there. They=re the
15 bellybutton you push to make sure that
16 everything stays on a playing field.

17 Meetings, going to go through a
18 series of different bullet points that, again,
19 are in the four slides. I=m not going to
20 through slides. You can read those on your own.
21 Meetings, though, if you=re going to meet as the
22 parent commission, you have to have a quorum.

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1 Okay. A quorum is determined, it=s 50 percent
2 plus 1 of the active members. So you have seven
3 members. By sometime this afternoon or sometime
4 in the future, you=ll have eight and hopefully,
5 you=ll get up to 10. So -- but 50 percent plus
6 1 would be 6 people would have to be around the
7 table to be the parent commission to be able to
8 vote recommendations forward. At your current
9 state level, four, because you only have seven
10 on the books at -- does that make sense?

11 (No audible response.)

12 MR. MORAGNE: Yes. All right. That
13 map is real easy for me, even as a fighter
14 pilot, so I think it should be easy for you too.
15 But you have to have a quorum to move forward.

1 find folks that are like-minded. You convince
2 your other commissioners, you vote on it, and it
3 moves forward. If that doesn't happen, majority
4 rule. Those are business practices I need you
5 to get your arms around, because there are going
6 to be some contentious moments, speed bumps.
7 Hopefully, not too many as you move toward
8 building a rapport.

9 As you notice today, this morning=s
10 session is closed. You probably also noticed me
11 jumping you and down when someone would come in
12 the room with one of the alternates to figure
13 out what their status were, were they a
14 commissioner, were they an advisor to the
15 committee, what official role and form and
16 function do they have. That=s because during a
17 closed portion of the meeting, only official
18 credentialed individuals, commissioners, support
19 staff, alternates, official speakers can be
20 present. That means we=re holding the public at
21 bay. This afternoon is an option portion. The
22 public has every right to be there. In fact,

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1 the public has every right to participate in the
2 DFO and the notice of meeting which goes out 30
3 days prior to make sure that the public
4 understood how they can participate, whether
5 it=s through email, or a five-minute session, a
6 five-minute, you know, session at the microphone
7 at the end of the meeting.

Again, FACA is all about transparency and we want to enforce that transparency. We can't break the rules in closed sessions. Talking about recommendations in closed sessions is a no-no. Has to happen in an open session, okay. So we're going to follow these rules. We're going to follow them to the letter and to the law, again, so that all your work moves forward.

17 So what can you do during closed
18 sessions? You can have a closed session for a
19 couple of reasons, administrative reasons. If
20 the DFO is going to talk about travel and the
21 calendar and things like that, the public
22 doesn't have to have awareness of that, your

1 comings and goings like that. That=s
2 administrative. You can have a closed session
3 for that.

4 If, on the other hand, you were going
5 to talk about the types of work that
6 subcommittee A, B, and C are going to really
7 focus in on and who they=re going to engage and
8 a time to that, that preparatory type work for
9 that particular activity, again, you can have a
10 closed session. But if a subcommittee has done
11 its work and is coming back to the parent
12 committee to out brief, that has to be done
13 openly. That has to be in the open session,
14 okay.

15 The quality of a subcommittee=s work
16 is determined at the parent committee.
17 Subcommittees don=t report to the President.
18 They don=t report to Congress. They don=t
19 report to the public. They report to the parent
20 committee. It=s very important you understand
21 that. You break down in your subcommittee -- a
22 subcommittee can be of one, it could be of other

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1 numbers. You report back to the parent
2 committee your body of work, okay?

3 Testifying, from time to time, you
4 may be invited to testify. Well, I=ll tell you,
5 it=s a double-edged sword. You can testify all
6 you want every day and night as a private
7 citizen, as a private citizen, so you would have
8 to precede any of your thoughts with chair,
9 senator, or congressman, this is my private
10 opinion, x, y, z, knock yourself out.

11 But literally, by design, this
12 particular Commission, you personally can speak
13 for the Commission as the chair. Why? Oddly
14 enough, because he=s a federal government
15 employment. If he were an outside commissioner,
16 even he, as the chair, couldn=t speak for the
17 Commission. The Commission thinks this, the
18 Commission thinks that, couldn=t do that. But
19 he can just because he has a federal government
20 hat. And so that=s a little bit design -- and
21 it=s good because from time-to-time, people up
22 on the Hill are going to be asking you

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1 questions, going to be asking you to come either
2 in open or private session to talk about the
3 progress, as you said, Mr. Chair, and the
4 Commissioners acknowledge, your interactions
5 with VA employees and institutions and things
6 like that, so that=s good.

7 Some best practices which are really
8 gotten from these experiences that I=ve had from
9 four years as the Director of the Advisory
10 Committee Management Office as well as from some
11 of the other 27 chairs and designated federal
12 officers are the following.

13 Number one, master your calendar. I
14 think you=ve already kind of hinted that we=re
15 going to get your arms around as much of the
16 calendar as possible. You can take it out, the
17 18 months. I would stand here and applaud.
18 It=s very difficult given your stature, your
19 level of engagement in the private sector and
20 other portions of your life to be able to do
21 that, but try to master your calendar as much as
22 possible in this session, tomorrow=s session, in

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1 verbal communication, email communication,
2 because it really is going to help you get your
3 arms around the work. And it begins with such a
4 small organizational thing as what=s on the
5 calendar, when=s the next meeting, when=s the
6 next travel, and line those things up, things
7 you can line up the rest of your life and that
8 kind of thing. Yes, we=re asking you for a big
9 ask. Yes, you said you would do it, so get a
10 hold of that calendar. And some of our best
11 advisory committees have their calendar pushed
12 out 18 to 24 months, and they normally get 100
13 percent participation by their committee
14 members. So master your calendar.

15 Second best practice I will tell you
16 is not to insult your intelligence but to remind
17 you of something when you were a young college
18 student, like the first week and you talked
19 about writing papers and, you know, explaining
20 things to a professor or to a larger audience,
21 this is kind of in that tract. And it=s, again,
22 from the experience that we garnish from our

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1 approach is you have to write SMART
2 recommendations. And we use that as an acronym.
3 SMART means specific, SMART meaning that same
4 recommendation is measurable, it=s actionable,
5 it=s realistic, and it=s time-phased.

6 Look, we=ve developed a template.
7 We=ve given it to the DFOs and the alternates.
8 You can use it if you want to, but I=m going to
9 tell you our platinum standard advisory
10 committee, our Cemeteries and Memorials Advisory
11 Committee, over the last 10 years using this
12 type of approach, specific, measurable,
13 actionable, realistic, and time-phased, 90
14 percent of their recommendations adopted and
15 enacted. The standard advisory committee in our
16 portfolio gets about 50 percent. So if you want
17 to be 90 percent, use the SMART recommendations
18 template.

19 All right. You can expand upon that
20 because of all the technical data you have to
21 put into the recommendations, that=s fine. But
22 the core basis of your recommendation, remember

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1 you=re not writing to an individual even though
2 it's to Congress or to the President or even to
3 the Secretary, you=re actually writing for
4 institutions to respond to. So I throw that out
5 there as one of our best practices.

6 In this handbook, there are other
7 advisory committees and their missions
8 annotated. Again, remember we have 27 other
9 federal advisory committees who have legacy
10 recommendations and research and gather data.
11 They cover research, they cover health, they
12 cover affinity groups, whether they=re minority,
13 women, rural veterans, et cetera, homeless
14 veterans, and they cover benefits that are given
15 to veterans. Please look through those and do
16 something that we call cross-committee
17 collaboration.

18 Cross-committee collaboration is as
19 simple as you turning to Sheila and her DFO
20 support team saying, hey, can you get the chair
21 from x, y, and z committee to our next meeting
22 or on the phone with one of our subcommittees,

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1 and they can kind of give a recap on where
2 they've been for the last five years in their
3 quest to provide the Department recommendations
4 or in their quest to look at certain research in
5 their mission statement. How much of that work
6 has already been done for you? Cross-committee
7 collaboration, there=s a wealth of opportunity
8 there and all it does is take one or two of you
9 to kind of go through the mission statements of
10 these other committees and then for the
11 committee support staff to reach out.

12 Another additional tool is a VA
13 library service. They=re available to do
14 searches for you, gather and cull data for you.
15 Again, Sheila and her team can reach out to
16 them. That way you=re not stuck in front of a
17 computer trying to do a Lexis Nexis search or
18 use these other powerful engines. They already
19 have that and that=s their job. They=re very
20 willing.

21 Last but not least, I will be here
22 observing. I=m not here to grade homework. I=m

1 here to help ensure the success of this
2 Commission, Mr. Chair, fellow Commissioners.
3 The DFO staff that have been -- or committee
4 support staff which has been trained by me and
5 my office, it is not one-and-done training. We
6 do continuous training with them to keep them
7 very sharp and aware of all the rules and best
8 practices and tools.

9 We=re here to make you successful.
10 You will see us out on site visits helping out
11 as well but please, if there are any questions,
12 subject to your questions, that=s all I have?
13 Any questions for me?

14 (No response.)

15 MR. MORAGNE: I know I threw a lot at
16 you.

17 CHAIR LEINENKUGEL: That=s very
18 helpful Thank you, Jeff. I appreciate that. I
19 appreciate your support.

20 MR. MORAGNE: So I=m going to have
21 Carol Borden --

22 MS. BORDEN: All right. So good

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1 morning, everyone. My name is Carol Borden. I
2 am thrilled to be here. I am one of the ethics
3 specialty attorneys for the Department of
4 Veterans Affairs. We are 12 attorneys. We have
5 basically 18,000 employees apiece, and then we
6 have other matters that we deal with as well.
7 For example, I do a lot of the FACA training.
8 At Headquarters, just so you know, here in DC,
9 there are three of us, Jonathan Gurland, who has
10 been practicing ethics for over 20 years, Steve
11 Higgs, who is the newest member of our team, and
12 then there=s myself. And then we=re scattered
13 across the country, because we are a virtual
14 team.

15 So you=re probably saying, okay,
16 well, why do I have to have this ethics brief,
17 right? So the reason is as special government
18 employees, you are considered to be federal
19 employees for ethics purposes.

20 So what that means is all of the
21 ethics rules are going to apply to you. So all
22 of the standards of conduct, all of the criminal

1 conflicts of interest rules are going to apply
2 to you. So that=s very, very important for you
3 to keep in mind as you keep in mind as you go
4 forward. And so we=re just going to -- you
5 know, my time is limited and we have a lot to
6 cover, so I=m going to kind of highlight some of
7 the main things.

8 In your handouts, you should have a
9 complete copy of our slides, so you don=t have
10 to take notes. It=s probably good if you just -
11 - you know, just ask questions as I go along.
12 If you have a question about any of these
13 particular areas, I=m more than happy to answer
14 that for you.

15 So one of the things and one of the
16 main reasons why you want to get ethics advice
17 before you act on a matter is that if you get
18 ethics advice first and you disclose all the
19 underlying facts to me or to one of the other
20 ethics officials, then you=re going to get what
21 we call a safe harbor. So that means if, let=s
22 say, there=s a criminal conflict of interest, a

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1 statute that gets triggered because of something
2 that was done, or if there was a breach of the
3 administrative ethics regulations, if you sought
4 advice in advance and you received advice from
5 us -- you want to make sure that you get it in
6 writing, I know my practice is I like to give
7 advice in writing -- then you can kind of use
8 that as your shield, if you will, or your
9 argument that, you know, I relied in good faith
10 on the advice of an ethics attorney, and that=s
11 why I took the actions that I took.

12 That being said, you have to have
13 full disclosure, right. So if we don=t have
14 full disclosure, if you=re only giving us part
15 of the information and, you know, you=re not
16 disclosing the rest, then our advice is only as
17 good as what you=re going to give us, okay?

18 So I=ve had situations where people
19 have come to me and they said, AOkay, Carol, you
20 know, the facts are a, b, and c,@ and then we
21 provide our advice, and then later something
22 happens or they forgot something, it=s okay to

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1 come back to us -- that=s why we=re here -- and
2 say, hey, you know, the circumstances -- my
3 circumstances have changed, this is now what=s
4 going on, does the advice that you previously
5 gave still hold, or does it need to be modified.
6 Okay, so it=s important.

7 We=re here to help you. We are a
8 small team so bug us. We=re a small and very
9 busy team so keep bugging us until you get, you
10 know, what you need from us.

11 The other thing that=s important to
12 remember about ethics advice, you have to go to
13 a designated ethics attorney. So VA has a ton
14 of lawyers but not all the lawyers are ethics
15 attorneys. So you=re going to have to get your
16 advice from an ethics attorney, and we=re the
17 group of 12 and you have our contact information
18 and our phone number in the packet you have, so
19 that=s very important.

20 The ethics rules are going to apply
21 to you when -- you know, during the course of
22 this meeting and during all of your formal

1 meetings. The ethics rules are even going to
2 apply to you when you=re not in session. So,
3 for example, the gift rules, if someone tries to
4 give you a gift to persuade you, you know, to
5 take a certain action during the committee
6 meetings, you know, the ethics rules are going
7 to trigger, you know, use of your official
8 position and your title and so forth will also,
9 you know, apply to you once you=ve concluded
10 your business here today or this week and then
11 go on and do other things.

12 So the ethics rules are going to
13 apply to you. They apply to you regardless of
14 whether or not you=re receiving compensation or
15 not. I know VA pays very well so none of that
16 should not be a problem.

17 Okay. So let=s talk about some of
18 the ethics laws that are going to apply to you,
19 and there are a lot of laws. So I=m going to
20 highlight the main ones. So the ethics laws,
21 the criminal conflict of interest statutes,
22 those statutes are found in 18 U.S.C. 201

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1 through 209. And all of those statutes are
2 quite important. So for example, 18 U.S.C. 201,
3 that deals with bribery, right, basically, it
4 says, you know, you can=t -- don=t receive
5 payments, you know, from an outside source for
6 basically doing your job or being persuaded to
7 take a certain action.

8 18 U.S.C. 203 and 205, those are what
9 we call the statutes that prevent you from
10 switching sides. So if you=re working on a
11 matter in the Committee and you advocate a
12 certain position, you know, during your tenure
13 here, these laws basically say that once you
14 leave, once your service is done with -- on the
15 Committee, these laws basically say that you
16 cannot then go and switch sides, right. So you
17 advocated position A on the Committee, you then
18 can=t go work for company B and company B says,
19 you know what, we want you to take position B or
20 position Z, right, and advocate against what you
21 -- the position that you held on the Committee.
22 That band is going to last for the lifetime of

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1 that matter.

2 So as long as that matter is in
3 existence, you=re not going to be able to switch
4 sides on that matter, okay? Any questions about
5 that?

6 (No response.)

7 MS. BORDEN: All right. So the big
8 criminal conflict of interest statute that I
9 want to really kind of mention and drive home
10 here is 18 U.S.C. 208. Now 18 U.S.C. 208, that
11 is the statute basically that prevents you from
12 lining your pockets, so to speak, because of
13 your federal service. So what it says is that
14 it=s a crime for you to participate in a
15 particular specific party matter that is going
16 to affect your financial interest or the
17 financial interest of an entity or someone
18 closely connected to you. We call those imputed
19 interests. And there=s a list in the outline
20 but the imputed interest would be if you=re
21 working on something and then it could affect
22 your spouse=s financial interest, it could

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1 affect your partner=s financial interest, if it
2 could affect a dependent child=s financial
3 interest, then you should have red flags going
4 off, you know, recuse yourself from the matter,
5 give us a call so that we can advise you what to
6 do going forward.

7 So all of the criminal statutes, when
8 you=re thinking of the criminal statutes, all of
9 them, the thing that triggers them is if there=s
10 a financial interest, right? So if there=s --
11 anything that deals with finances, if there=s --
12 if you=re working on something, you know what,
13 if you say to yourself, you know, I think I have
14 stock in that company, or I think I -- you know,
15 I think my wife might be involved with this or
16 what have you, if there=s some sort of financial
17 nexus between whatever you=re working on and
18 your personal assets or an asset that=s imputed
19 to you, a red flag should be going off, and you
20 should be reaching out to us and letting us know
21 so that we can help you mitigate that conflict.
22 Okay.

1 So as special government employees,
2 the ethics rules are less restrictive when it
3 comes to you, because we need -- you know, we
4 need your expertise, we need the public to come
5 in and to -- you know, to help the agency and to
6 help the government kind of move forward on
7 things.

8 So the ethics rules are less
9 restrictive in that sense. So there are things,
10 for example, that you'll be able to participate
11 in that I can't participate in. For example,
12 partisan political activities, we can't do that
13 while we're serving like in, you know, your
14 formal meetings here but once you leave, you can
15 do that. That=s something that I can't
16 participate in. So there are things like that.

17 When it comes to 18 U.S.C. 208, if
18 you're dealing with broad policy matters, you're
19 going to be fine. And my understanding is that
20 that=s what this Committee deals with, very
21 broad things. And so let=s say you work for
22 Kaiser, right, and you're working on a matter

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1 that could affect Kaiser, right, that=s going to
2 be okay, right? The only time it=s not going to
3 be okay is if -- and you should be calling us --
4 is let=s say you own a large amount of stock in
5 Kaiser and then there again, you have that nexus
6 between what you=re working on and your finances
7 or whatever, that=s when you should be calling
8 to see what we can do to try and help you.

9 If we need to have you like recuse
10 yourself from that matter or try to seek -- you
11 know, get a waiver of some sort for you. So
12 that=s another thing you should be interested in
13 knowing. Okay. Any questions about that?

14 (No response.)

15 MS. BORDEN: Okay. Great. So the
16 other set of ethics laws are found in the
17 Standards of Ethical Conduct for Executive
18 Branch Employees, and those standards are found
19 at 5 C.F.R. Part 2635. That=s our regulation.
20 This is all the administrative stuff. So it=s
21 designed to kind of pick up where the criminal
22 conflict of interest statutes kind of leave off.

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1 So these standards deal with the gift
2 provisions, the financial disclosure
3 requirements. They deal with, you know, use of
4 your official position. They'll deal with
5 matters like teaching, speaking, and writing.
6 That=s kind of where the standards kind of --
7 those are the areas that the standards cover,
8 and we'll talk a little bit about some of the
9 ones that are the most important.

10 So within the standards, you have the
11 gift regulations, and these regulations apply to
12 all federal employees. They will apply to you
13 as well. And the gift regulations basically say
14 that you cannot accept a gift from a prohibited
15 source. So a prohibited source is anyone that
16 is, you know, seeking to do business with the
17 VA, seeking to, you know, some sort of action
18 from the Committee, some sort of outside entity,
19 those would all be considered to be prohibitive
20 sources. So if they were to give you a gift or
21 try to give you a gift -- and gifts come in
22 many forms, they come in, you know, little

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1 trinkets or they may come as, you know, an offer
2 of movie tickets, or it could be, you know,
3 someone wanted to take you out for a meal, so if
4 someone presents you with a gift, your first
5 thought should be, no, I can't accept that gift,
6 I shouldn't accept that gift. You know, you can
7 cure that just by paying for it, right?

8 But there are exceptions like to the
9 ethics rules and there's an exception to the
10 gift rule that says that you can accept a gift
11 from a prohibited source provided that the
12 amount of the gift is less than \$20.

13 So a prohibited source wants to take
14 you out to dinner, and if the dinner exceeds \$20,
15 you're not going to be able to accept that gift.
16 You can't make up the difference, right? You
17 can't say, okay, I'll pay up to the \$20, you can
18 make up the difference. That's not going to
19 work.

20 And the other part of that rule is
21 that you can't accept more than \$50 from that
22 same prohibited source. So if company A wants

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1 to talk you out to lunch and the lunch is \$15
2 and then later on in the year, they want to take
3 you out, you know, for dinner, and the dinner is
4 100 bucks, you=ve exceeded the \$50 threshold and
5 you=re not going to be able to accept that gift.
6 And I say that because, you know, the area of
7 gifts, it seems like that=s where most
8 government employees find themselves in trouble.

9 So if you have a situation and you=re
10 not sure what to do, reach out and let us know.
11 There are exceptions, you know, in the ethics
12 rules that allow, in some circumstances, for you
13 to exceed that. If it=s based on a personal
14 friendship, that kind of thing, you know, there
15 is an exception for that. We can=t go through
16 all of them today but just be aware of that and,
17 you know, like I said, gifts are one of those
18 areas that people tend to get in trouble. And
19 that=s one area that we see a lot of.

20 The other area, use of government
21 resources, you know, that includes government
22 time. It involves, you know, don=t misuse, you

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1 know, your time and your effort here, any
2 equipment that you may have access to, you know,
3 just be mindful of that.

4 The ethics rules, there are
5 situations where, let=s say, you=re working on a
6 matter and you don=t have any, you know,
7 financial ties to that matter but you may, let=s
8 say -- it may involve an organization that
9 you=re a member of, right, so the standard of
10 conduct, that=s where they kind of kick in and
11 they kind of cover the other side of the
12 financial interest coin. So in those
13 situations, we=re going to say that you have a
14 covered relationship with your outside
15 organization. So let=s say, you know, your
16 school, you=re an alum and you=re a member of
17 your university alumni, right, and you=re
18 working on something that could affect that
19 school, we=re going to say, well, you have a
20 covered relationship with that entity, that
21 outside entity, and so we=re going to have to do
22 an analysis to see whether or not your continued

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1 participation on that matter is outweighed by
2 whatever, you know, appearance problem that
3 might exist.

4 And that=s a pretty easy fix but just
5 bring it to our attention. We want to make sure
6 that we document that so that there=s no
7 questions down the line. Okay?

8 Now for the appearance section, you
9 know, we have those imputed interests as well.
10 So the imputed interest would be, you know, your
11 spouse, your dependent children, things of that
12 nature, right? If your spouse is working for a
13 certain company, be mindful of that to see
14 whether or not there=s any nexus between
15 whatever you=re working on and how that may
16 affect your spouse=s company, especially
17 depending on what position she is, it may affect
18 bonuses and that sort of thing. So just be very
19 mindful of that.

20 All right. The next session is the
21 section that=s very near and dear to my heart,
22 financial disclosures. So it was -- thank you

1 guys for participating in that process. Those
2 disclosure reports are not open to the public,
3 just so you know, they are reviewed and
4 certified by an ethics attorney.

5 I definitely want to stress that
6 before you, you know, meet for your -- any new
7 meetings, you want to make sure that you=re
8 financial disclosure is up to date, right, so if
9 there are any changes or any edits that you have
10 to make to it, reach out to me, let me know,
11 send me an email and say, hey, I just want you
12 to know that, you know, this is a change in my
13 financial disclosure report, is, you know -- I=m
14 just kind of letting you know this is a new
15 transaction or something like that, so that we
16 can kind of make sure that you are doing the
17 right thing.

18 So the financial disclosure reports
19 are designed to try to help identify conflicts
20 of interest before they present. And that=s
21 pretty hard to do with FACA committees because a
22 lot of times we don=t have the agenda, you may

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